

<b>AUTO SERVICE &amp; TIRE, Inc.</b> 1590 Blue Hill Avenue Mattapan, MA 02126 Tel 617-298-7400 Fax 617-298-0226 info@autoserviceandtire.com Tax ID 042585667 RS # 568 Appraisal License 011114	Insurance Co. _____ Attn: _____ * Fax# _____ Date: _____ Sent By: _____
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Name:

Address:

City: State: Zip:

Make: Model: VIN:

Claim #:

**REPAIR AUTHORIZATION**

I hereby authorize and assign **Auto Service & Tire, Inc.** the rights to negotiate the repairs to the above vehicle with the above insurance company and to perform repairs in accordance. I understand this to include any and all supplements and expect to be notified when costs exceed insurance approval. I hereby grant you and/or your employee's permission to operate the vehicle for purpose of testing and/or inspection. I agree that you are not responsible for lost or damage to said vehicle and/or article left in vehicle in case of fire, theft or any other circumstance beyond our control, or repaired delays caused by the unavailability of parts or delay in delivery of parts from suppliers. An expressed mechanic's lien is here acknowledged on the above vehicle to secure the cost of repairs there to.

X \_\_\_\_\_  
 Signature Date

**DIRECTION TO PAY**

I authorize the insurance company to send payments for repairs directly to **Auto Service & Tire, Inc.** I also understand this DTP is required so that my vehicle may be released upon completion of repairs.

X \_\_\_\_\_  
 Signature Date

\* All Credit/Debit card transactions over \$1000, are subject to a 3% surcharge.\*